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 94 Krogh Street, (Opposite Post Office)
 Louis Trichardt (Makhado)
 0920
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2022 REGISTRATION FORM

STUDENT PARTICULARS

Surname _____	Initials _____
Full Names _____	Gender <small>Male/ Female</small> _____
Identity Number _____	Date of Birth <small>MM/DD/YYYY</small> _____
Student number _____	

PARENT OR GUARDIAN INFORMATION

Father (Guardian) Information	Mother (Guardian) information
Personal Details	Personal Details
Surname: _____	Surname: _____
Full name: _____	Full Names: _____
Identity No. _____	Identity No. _____
Residential address: _____	Residential address: _____
Postal address: _____	Postal address: _____
Cellphone No. _____	Cellphone No. _____
Email: _____	Email: _____
Employment	Employment
Employer: _____	Employer _____
Occupation: _____	Occupation: _____
Employment Tel: _____	Employment Tel: _____
Reference _____	Reference _____

Father (Guardian) Information

Mother (Guardian) information

Bankin Details	
Bank Name _____	Bank Name: _____
Account No. _____	Account No. _____
Account Type: _____	Account Type: _____

I Father / Mother / Guardian hereby declares that I am fully responsible for the payment of College Fees for the Learner:..... In case where I default the payments, I authorise VPBA College to collect fees outstanding using a collection entities and collection fees will payable by myself

Signature: Father (Guardian)

Signature: Mother (Guardian)

Attachments

Learner's ID

Learner's Highest Qualification (Grade 12 / 11 /10)

Received	Outstanding